

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049055

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 290 Primary Registration District No. 5985 Registrar's No. 164

FILED DEC 18 1963

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Wis.</b> b. COUNTY <b>Tomahawk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Fort Leonard Wood</b>		c. CITY OR TOWN <b>Kenosha</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>751 Indiana Fort Leonard Wood</b>		d. STREET ADDRESS (If outside, give location) <b>6923 French Drive</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>DONALD</b> Middle <b>IRVING</b> Last <b>RULLMAN, JR.</b>		4. DATE OF DEATH Month <b>December</b> Day <b>8</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Caucasian</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8 May 1926</b>
9. AGE (last birthday) <b>37</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Soldier</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>US Army</b>		11. BIRTHPLACE (City and state or country) <b>Troy, Kansas</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Donald Irving Rullman, Sr.</b>	
13b. MOTHER'S MAIDEN NAME <b>Gladys Whitcomb</b>		14. NAME OF HUSBAND OR WIFE <b>Anneliese</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 17 Aug 44-Present</b>		16. SOCIAL SECURITY NO. <b>6923 French Drive Kenosha, Wisconsin</b>	
17. INFORMANT <b>Anneliese Rullman</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gun Shot Wound</b>	
DUE TO (b) <b>Laceration of brain by penetrating bullet.</b>		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Self inflicted gun shot wound to head</b>	
20c. TIME OF INJURY Hour <b>0125</b> a.m. <b>Dec 8, 1963</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>Ft Leonard Wood</b>	
20g. COUNTY <b>Pulaski</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from _____ to _____ and _____ him alive on <b>8 Dec 1963</b> Death occurred at <b>0300</b> A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Carl Schlegel</i>		22b. ADDRESS <b>US ARMY HOSP., FT LEONARD WOOD MO</b>	
22c. DATE SIGNED <b>8 Dec 63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		23c. LOCATION (City, town, or county) (State) <b>Ft Leavenworth Kansas</b>	
24. FUNERAL HOME <b>Moss-Williams Crocker Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>12-8-63</b>	
26. REGISTRAR'S SIGNATURE <i>Carl Schlegel</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59

1 0850

2 8480

3

4 0

5 1

6

7 1

8 1

9 976x

10

11

12 99-0

13 1-0

JAN 10 1964

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Clarence Thross*

Licensed Embalmer No.

4896

P. O. Address

Waynesville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.